DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

METHOD AND PHARMACEUTICAL COMPOSITION FOR IRON DELIVERY IN HEMODIALYSIS AND PERITONEAL DIALYSIS PATIENTS

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| the specif | ication of which (| is attached hereto unless the | following box is checked) | | |
| × | | onal filing date of 30 Decemb n No. 09/341,032. (if applic | = = | n No. PCT/US97 | 7/23719 or |
| specificat | | state that I have reviewed claims, as amended by any | | | ve-identified |
| applicatio | | ledge the duty to disclose in vith 37 CFR §1.56. | formation which is mater | al to the examin | ation of this |
| at least o applicatio | n(s) for patent or in one country other | claim foreign priority benefits inventor's certificate, or §3656 than the United States, list entor's certificate or PCT In- iority is claimed: | (a) of any PCT international ed below and have also | l application whic identified below | h designated any foreign |
| | | PRIOR FOREIGN/PC | CT APPLICATION(S) | | |
| Cour | NTRY/OFFICE | APPLICATION No. | DATE OF FILING | PRIORITY CLAIMED | |
| | | · · · · · · · · · · · · · · · · · · · | | □ YES | NO □ |
| , | | | | □YES | NO □ |
| applicatio | I hereby n(s) listed below. | claim the benefit under 3 | 5 U.S.C. §119(e) of an | y United States | provisional |
| | Pro | DATE OF 1 | DATE OF FILING | | |
| . 60/055,315 | | | | 7 August 1997 | |
| <u></u> | | ************************************** | | · | |



I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120

Status (check one)

| Application Serial No. | Date of Filing | Patented | Pending | Abandoned |
|------------------------|------------------|----------|---------|-----------|
| 08/775,595 | 31 December 1996 | | | = |
| | | | | |
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And I hereby appoint Arthur H. Seidel, Registration No. 15,979; Gregory J. Lavorgna, Registration No. 30,469; Daniel A. Monaco, Registration No. 30,480; Thomas J. Durling, Registration No. 31,349; and John J. Marshall, Registration No. 29,671, my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to Seidel, Gonda, Lavorgna & Monaco, P.C., Suite 1800, Two Penn Center Plaza, Philadelphia, Pennsylvania 19102. Address all telephone calls to <u>Daniel A. Monaco</u> (215)568-8383 (telefax: 215-568-5549).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF SOLE OR FIRST INVENTOR

| Ajay (GIVEN NAME) | (MIDDLE INITIAL OR NAME) | Gupta (FAMILY OR LAST NAME) | | |
|-------------------------|--|--------------------------------|--|--|
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